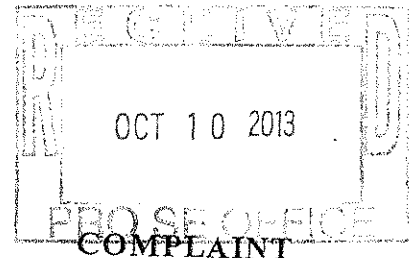


13CV7208

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKCandido Jerez

(In the space above enter the full name(s) of the plaintiff(s).)



COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

-against-

Police officer John Doe
Manhattan Police officer
That arrested me on 37th
Between 9th & 10th ave ear-
lier this year (2013) in or
about February. And I am
pocket NYC Police department

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Candido JerezID # 349 13 14206Current Institution MDCAddress 125 White Street
NY NY, 10013

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name P.O. John Doe

Shield #

Where Currently Employed NYC Police StationAddress I think 20th St Manhattan

I.G. has a record of the incident
they (I.G.) opened and filed a case
Nevertheless Bellevue Hospital has the
file of six stitches

Defendant No. 2

Name NYC Police Department Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Central Booking Manhattan

B. Where in the institution did the events giving rise to your claim(s) occur?

By the EMT Station, in the hallway

C. What date and approximate time did the events giving rise to your claim(s) occur?

I'm not sure but there was an IGA investigation and a case was opened. They couldn't locate me so they mailed a letter of postponement to my sister Mabel Address in Fairfield CT 26 Chestnut St.

D. Facts:

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

I WAS requesting medical screen
ing for chest pain related issues and
the officer(s) were acting hostile toward
me just because I was handcuff behind
my back AND shackled on my ankles AND
I WAS being pushed and even dragged when
the officer John Doe denied me even to
speak to the EMT on Duty (the EMT officer
was dark) I never saw nor spoke to the EMT.
The officer forcefully grabbed me and forcefully
threw me to the ground face first
while I WAS handcuffed and shackled

All the prisoners that got arrested with
me on 37th between 9th & 10th early on in 2013
about February (I can't remember) I was
such an ordeal the head banging on concrete
I lost conscious; even today I can't remember clearly

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I WAS knocked out (lost conscious)
and awoke in the hospital with six (6) stitches
on the side of my head near my right eye
and my left knee hurts me, even up till today
this day of my writing this complaint

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s)

I WAS being processed in the
Central booking in Downtown Manhattan

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒ I.G. came sometime between

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve?

2. What was the result, if any?

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: I WAS
in transit and half lucid from the
attorney blow to my head

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: T. G. O'paved a case but was unable to locate me according to a letter sent to my sister Mabel Daniel address in Fairfield Connecticut

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would want punitive damages and all other damages the court and/or jury deem proper under the circumstances of a Million & a half (\$1,500,000) to deter such action from taking place again

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ~~Yes~~ No ✓

On these claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 3 day of October, 2013

Signature of Plaintiff

Inmate Number

Institution Address

Candice Perry
349 13 14206
MDC
125 White Street
New York, N.Y. 10013

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 3 day of October, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Candice Perry

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

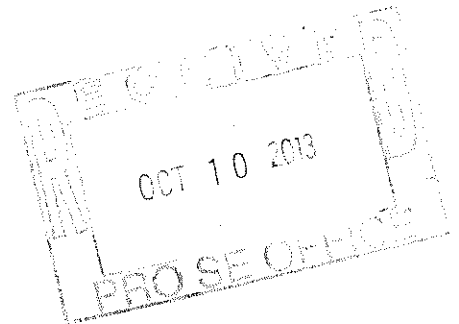
Candido Jerez

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

P.O. John Doe, & NYC
Police Department. NY, NY.

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)



___ Civ. ___ () ()

REQUEST TO PROCEED
IN FORMA PAUPERIS

I, Candido Jerez, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
 - a) give the name and address of your employer
 - b) state the amount of your earnings per month

2. If you are NOT PRESENTLY EMPLOYED:
 - a) state the date of start and termination of your last employment
 - b) state your earnings per month

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

I WAS last employed... in Jean's
Barbershop Brooklyn NY. (1911 Charchave I think)
in 1994 earned 55% Commission

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

- _____

- a) Are you receiving any public benefits? ☒ No. ☐ Yes, \$ _____.
 - b) Do you receive any income from any other source? ☒ No. ☐ Yes, \$ _____.

4. Do you have any money, including any money in a checking or savings account? If so, how much?
☒ No. ☐ Yes, \$ _____
5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.
☒ No. ☐ Yes, \$ _____
6. Do you pay for rent or for a mortgage? If so, how much each month?
☒ No. ☐ Yes, _____
7. List the person(s) that you pay money to support and the amount you pay each month.

8. State any special financial circumstances which the Court should consider.

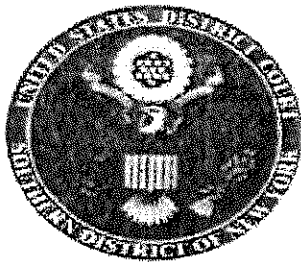
I am indigent and have been for
a long period of time 10 to 20 years.

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 3 day of October, 2013
date month year

Candida Jerez
Signature



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

PRISONER AUTHORIZATION

Case Name: Candido Jerez v. John Doe (P.A.)
(Enter the full name of the plaintiff(s)) (Enter the full name of the defendant(s))

Docket No: No. _____ Civ. _____ ()
(Enter the docket number, if available; if filing this with your complaint, you will not have a docket number.)

The Prison Litigation Reform Act ("PLRA" or "Act") amended the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained at any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350.00 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, Candido Jerez (print or type your name), request and authorize the agency holding me in custody to send to the Clerk of the United States District Court for the Southern District of New York, or, if this matter is transferred to another district court, to the Clerk of the transferee court, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred, and to any other district court to which my case may be transferred and by which my poor person application may be decided.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350.00 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED OR EVEN IF I VOLUNTARILY WITHDRAW THE CASE.

3, October, 2013
Date signed

Candido Jerez
Signature of Plaintiff
349 13 14206
Prisoner I.D. Number

MDC 125 White Street N.Y. N.Y. 101
Name of current facility